Please be aware that **Locator 36** - occurrence span code/from and through dates is of particular concern. In the previous manual occurrence code **70** was defined as therapeutic leave days and occurrence code **74** was defined as hospitalization. These definitions were incorrect. The correct definitions are occurrence code **70** (hospitalization), which is to be used in conjunction with revenue code **185** (hospital reserve bed days) and occurrence code **74** (therapeutic leave days), which is to be used in conjunction with revenue code **183** (therapeutic leave days). There is also a new occurrence code **77**, which is to be used in conjunction with revenue code **189** (Medicare days).

Please provide this information to the necessary personnel at your facility, as it is imperative that the following instructions regarding claim form locators be completed correctly.

PLEASE NOTE: When billing South Dakota Medical Assistance for a semi-private room, utilize revenue code **129** (Room and Board - semi-private two bed - other) **IMMEDIATELY**. Revenue code **120** (Room and Board - Semi-private two bed, general classification) will become a non-payable revenue code for Long Term care providers, under the South Dakota medical Assistance Program, in the near future.

EXCEPT for submitting the **129** revenue code in place of the **120** revenue code, **do not submit the changes noted in this letter prior to submitting claims to be processed with the July 14, 2004 payroll**.

If you have questions or concerns regarding the South Dakota Medical Assistance long term care billing updates, please contact our office for assistance.

Updated Instructions are as follows:

- Locator 6 - Statement Covers Period: This locator must reflect a **from** and **through** date which equals the exact days the resident was in your facility, plus any hospital reserve bed days, therapeutic leave days and/or Medicare days.

- Locator 22 - Patient Status: Must contain the correct patient status. Your claim will not pay the last day of service unless you use patient status 30 (still patient). If your patient status is "30", we will pay through the date of service listed in locator 6, of the UB-92 (HCFA - 1450) claim form. All other patient status codes will pay up to the through date of service listed in locator 6, of the UB-92 (HCFA - 1450) claim form. Patient status is extremely important. The statement through date equals discharge date.

- Locator 36 - Occurrence Span Code and Dates: If appropriate, **occurrence code 70** (hospitalization), **occurrence code 74** (therapeutic leave days) or **occurrence code 77** (Medicare days) and the corresponding from and through dates must be entered.

  Assisted Living (957) providers are allowed a total of five (5) hospital reserve bed days and/or therapeutic leave days per month.

  The paper UB-92 (HCFA - 1450) claim form accommodates two lines of occurrence spans and dates. If there are more than two occurrence spans and dates on a paper claim, the third and others must be submitted as an attachment. The 8371, electronic format, accommodates 24 occurrence spans and dates.

- Locator 42 - Revenue Code: Must contain the appropriate revenue code(s) for the service(s) being billed. Bill Medicare days using **Revenue Code 189**.

- Locator 46 - Units: Must contain the number of days you are billing for under the accommodation revenue code(s) listed in locator 42 - Revenue code. A unit is equal to on e billable day. Do not

include the day of discharge in the unit count when you will not be paid for that day. A day is defined as 12:00 AM - 11:59 PM.

The from and through dates, patient status and accommodation revenue code units are now inspected for agreement. If these items are not in agreement, the claim will **deny**.

It is to your advantage to have our office deny these claims instead of pending them. Pending the claims will only slow the process of your being able to correct and resubmit these claims for processing. South Dakota Medical Assistance will deny claims when the above locators are not submitted correctly beginning with the **July 14, 2004** regular long term care payroll.

Attached are examples of UB-92 (HCFA - 1450) claim forms illustrating the locators that must agree to ensure correct reimbursement, along with the remainder of the locators that must be completed on the UB-92 (HCFA - 1450) claim form.

Additional items to remember when submitting your claims are:

- Each UB-92 (HCFA - 1450) claim form requires one **001** Revenue Code (total charge), as the last revenue code on the claim form. If revenue code **001** is missing the claim will be **denied**.

- Locator 4 - Type of Bill: Use type of bill 211 (original claim), 217 (adjustment claim) or 218 (void claim) only. The correct type of bill must be entered or the claim will be **denied**.

- Locator 22 - Patient Status: In addition to the Patient Status codes originally outlined in the Nursing Home and Assisted Living Manual, you may now also use patient status codes 20 (expired) when the patient expires while on Therapeutic Leave or Hospital Reserve Bed days and 41 (expired in a medical facility) when the patient expires in a hospital, SNF, or free standing hospice.

- Locator 37A - Internal Control Number: When submitting an adjustment or void claim, the former reference number of the original claim must be entered in locator 37A.

- Revenue codes are to be totaled and entered on one line. Following this example:

Incorrect		Correct	
Revenue Code	Days	Revenue Code	Days
129	13	129	20
185	5	183	6
129	7	185	5
183	6		

- Locator 57 - Unlabeled field of column 54: The due from patient amount needs to be entered in column 54. The credit amount changes annually or when there is a change in income. If you have questions regarding the credit amount, your facility needs to contact the resident's economic assistance case worker.

  Note: Locator 57 - Unlabeled Field of column 54: Assisted living (957) providers. Do not include the room and board amount in this locator.

When South Dakota Medical Assistance processes a long term care claim, the credit amount on the recipient file is the credit amount used to process the claim.

- Locator 67 - Principal Diagnosis: There must be a principal diagnosis entered on the claim form or the claim will be denied.

- Locator 76 - Admitting Diagnosis: There must be an admitting diagnosis entered on the claim form. Enter the ICD-9-CM diagnosis code describing the resident's diagnosis at the time of admission to your facility.

- Locator 85 - Provider Representative: Each UB-92 (HCFA - 1450) claim form requires a signature. If the signature is missing the claim will be **denied**.

- Locator 86 - Date Bill Submitted: Each UB-92 (HCFA - 1450) claim form must be dated. If the date is missing the claim will be **denied**.

Please note especially the following instructions. No exceptions can be made to these policies.

- South Dakota Medical Assistance will accept only one long term care claim per resident per month. Bill only one long term care claim per month.

- If you are submitting an adjustment (replacement) claim, you must adjust the entire month. Do not split the month.

- If you are submitting a void claim, the entire month will be voided.

- If you need to adjust/re-bill a previously voided claim, you must submit a new original.

  Please do not fax claims. We will not accept faxed claims due to difficulty in reading and filming them.

  Also, the font size on some claims is so small there is a problem reading the claim. All claims need to use at least a font size of 10.

Be consistent with the way the from and through dates of service are entered in Locator 6 - Statement Covers Period on the claim form. If the from date is entered as 01/01/2004, enter the through date 01/31/2004. If the from date is entered as 01/01/04, enter the through date 01/31/04. Entering the from and through dates consistently will allow our data entry staff to enter the information on the claim form more quickly and accurately. The preferred way, under South Dakota Medical Assistance, is to enter the from and through dates as 01/01/04 through 01/31/04, due to the limited space on the claim form.

If you have questions or concerns regarding this letter or enclosed Medicaid billing manual, please contact our telephone service unit at 1-800-452-7691.